12752 Stark Road • Livonia, MI 48150
(734) 525-1070 • (800) 426-2965
Fax: (734) 525-7804

mason
DENTAL LAB
YOUR VALUE ADDED DENTAL FACILITY

DOCTOR _____ PHONE _____

DENTAL OFFICE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

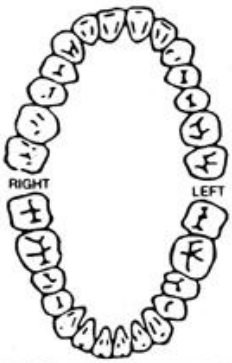
PATIENT _____

DATE SENT _____ DATE WANTED _____ AGE_____ SEX: ☐M ☐F

☐ Study Model ☐ Photos

CASE DESIGN

☐ SET UP ☐ FINISH
☐ BITE BLOCKS



METALS

Porcelain		Full Cast
☐	High Noble	☐
☐	Noble	☐
☐	Base	☐
	Yellow Full Cast	☐

PONTIC DESIGN

RIDGE RELIEF: ☐ SCRAPE ☐ SOCKET ☐ NONE

SHADE INSTRUCTIONS

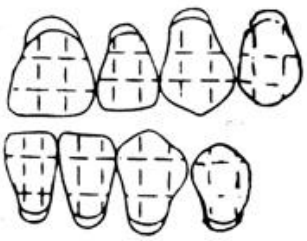
PORCELAIN VENEERS PLEASE PROVIDE FOLLOWING INFORMATION:

PURPOSE OF RESTORATION

☐ CHANGE COLOR
☐ CLOSE SPACES
☐ CORRECT MALALIGNMENT
☐ INCREASE LENGTH ____MM
OPAQUE LINER ☐ YES ☐ NO

SHADE OF PREPARED TEETH

SHADE DESIRED:



Rx INSTRUCTIONS

METAL TRY IN: ☐ One Piece ☐ Separate ☐ BISQUE TRY IN ☐ FINISH

OCCLUSAL SURFACE: ☐ METAL ☐ PORCELAIN

BUCCAL MARGINS: ☐ PORC. ☐ METAL BAND ☐ PORC. SHOULDER

OPPOSING TEETH TO BE RESTORED: ☐ YES ☐ NO ☐ RELIEVED

GINGIVAL EMBRASURES: ☐ CLOSED ☐ NORMAL ☐ OPEN

SADDLE TIP | SANI-TARY | BULLET | FULL RIDGE | PARTIAL RIDGE | OTHER DRAW

HAS THIS CASE BEEN DISINFECTED? ☐ YES ☐ NO SEND SUPPLIES: ☐ LABELS ☐ Rx ☐ BAGS ☐ BOXES

Dentist's Signature _____ License # _____

PLEASE READ OUR POLICIES BEFORE SIGNING